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ABSTRACT

This organizational vignette is the first in a multi-part series highlighting community service providers. This particular issue focuses on Mass Bay Employment Services (MBES) located in Boston, Massachusetts, that works with people with serious mental illness and has moved from a non-employment oriented day program to one that has employment as its major goal. Lessons to be learned from the experiences of MBES include: (1) staff needs to feel respected for what they have done in the past and to participate in the process of change; (2) major organizational change cannot be successful without continued internal and external marketing to develop support for the changes; (3) to truly change the focus of an organization to community employment requires an action orientation; (4) leadership should include a strong philosophical base with clear values guiding actions and should be willing to act and take risks; (5) staff, families, and funding agencies have a harder time adjusting to changes than individuals served; (6) during major organizational change, an agency should expect, and perhaps welcome, personnel turnover; (7) the use of teams is an important element of organizational change; and (8) economic pressure is a key catalyst for organizational change. (CR)

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ROSES AND THORNS FROM THE GRASSROOTS
A Series Highlighting Organizational Change in Massachusetts

*Institute for Community Inclusion (UAP)* *Spring 1998, Volume 1*

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# Mass Bay Employment Services (a service of Bay Cove Human Services, Inc.): A Story of Leadership, Vision, and Action Resulting in Employment for People with Mental Illness

The Community Adjustment Program (CAP) was a small day treatment program serving 30 adults with severe and persistent mental illness. Operated by Bay Cove Human Services, and located in the South End of Boston, it primarily served an older population (average age was 51). The program provided an array of services including case management and advocacy, a range of social and clinical groups, and sub-contract work.

The funding agency, the Massachusetts Department of Mental Health (DMH), was interested in developing more community employment services. The building that housed the program was in deplorable condition needing extensive renovations. In 1995, opportunities for employment were continually prioritized by CAP clients through anecdotal comments garnered from annual consumer satisfaction surveys and through Bay Cove's Comprehensive Community Support planning effort. In the summer of 1995, the decision was made by the Bay Cove administration to close the CAP program in 12 months, when the current lease for the space it occupied would expire. Bay Cove and Mental Health Center staff decided that the most reasonable way to accomplish the development of such a service was to redeploy existing resources used at CAP and convert this into an employment program. Current clients in CAP would be transferred to a workshop also run by Bay Cove, Gill Rehabilitation Center. Mass Bay Employment Services (MBES) would serve all consumers from the former CAP program, clients from Gill, as well as all Bay Cove high priority consumers in the area.

Staff had many concerns about the closing of the program and the new direction in which the agency was headed, particularly the impact the change would

## Introduction

*This organizational vignette is the first in a multi-part series that the Institute for Community Inclusion has developed highlighting community service providers with whom we have worked. We have judged that these providers' efforts during the time of our cooperation have been exemplary in terms of employment results for people with severe disabilities of many types. We will feature individual organizations in each issue. The Institute feels that each of these entities not only exemplifies work that is outstanding from a national perspective, but also is one with which we have labored hard to create an effective technical assistance partnership. The success that each of these service organizations has achieved in the community employment process first must be credited to the energy, motivation, strength, and resiliency of the people with disabilities, who have risked much more and worked much harder than any of us in taking steps to employment. Only after acknowledging that, can we, as community rehabilitation and training/ technical assistance providers, take justifiable pride in whatever accomplishments have been achieved. This first issue spotlights Mass Bay Employment Services, in Boston, MA. This is an organization, working with people with serious mental illness, which has made enormous strides in a very short period of time in moving from a non-employment oriented day program to one that has employment as its major goal. The Institute's relationship has encompassed being the primary external provider of staff training in job coaching and job development and technical assistance, both formally and informally, on-site and at the Institute.*

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have on clients, some of whom had been attending the program for as many as 18 years (the average tenure of consumers was approximately 8.5 years). Though staff were kept informed, they were not involved in the decision to close the program (most would have been opposed) nor was their advice solicited regarding how the change would occur. All staff were assured jobs, but there was much uncertainty regarding what their new jobs would entail and where the new program would be located. A decision was made not to inform clients about the changes until closer to the date; when more details would be available.

A new director was hired to oversee the CAP closing and the development of MBES. Planning for the development of MBES got underway, but due to the day-to-day demands of maintaining the CAP program, much of the implementation needed to wait until the CAP program actually closed and consumers transferred to Gill. Weekly meetings began with the director and staff of MBES, Gill, and DMH to start developing the policies and relationships among the different programs. The Director and staff also started meeting with clients at Gill to inform them about the new program and start recruiting referrals.

The consumers at CAP could ascertain changes were happening and the Director, with her staff, made the decision to tell consumers two months prior to the move. Consumers were taken to visit Gill Rehabilitation and participate in orientation prior to the actual move, which occurred as planned in June 1996. By their own choice, three of the five original CAP staff didn't make the move to MBES, although one of these individuals was hired to become the Production Manager at Gill.

After the move, the first two months were spent assisting consumers with settling into Gill Rehabilitation and setting up the MBES services. Working conditions were less than optimal for employees. Space was allocated from current space used by the Gill program (dividers were set up to partition off part of the workshop floor). There was only one phone line, limited space to meet with job applicants and no easily accessed private space (the office walls were only seven feet high, so people in the workshop could hear all conversations and visa versa). Three staff and the director shared an office space of less than 120 square feet.

Another factor was the cultural, racial and socio-economic differences between the two staffs. MBES staff were white, college educated, did not reside in the local community and all were employees of Bay Cove Human Services, Inc. The majority of Gill staff were African-American, had high school degrees, lived in the local community and were state workers who had been employed for many years by the Massachusetts Department of Mental Health. This created a challenge in fostering the atmosphere of cooperation that was necessary for the two programs to work together to meet the needs of the consumers.

MBES, with a staff of four (including the Director), started accepting its first referrals in June, 1996, and the first consumer got a job in late June. In the first 12 months of the program, 100 individuals were referred to the program and 50 individuals got jobs in the community (73 total job placements). Of the 30 consumers transferred from CAP to Gill, 29 made the transition. Nine of the 50 individuals who got jobs were former CAP consumers.

## What Can Be Learned From The Experiences of MBES

**To change attitudes and beliefs, staff need to feel respected for what they have done in the past, and staff need to participate in the process of change.**

At MBES, the Director helped the staff set new goals while still validating and being respectful of the old program. The new director also had to rely on the current staff to teach her about the program and consumers, and in many ways, the group ran the program together. The experience of MBES is in line with much of the generic business literature on the difficulties of change on staff; the need to acknowledge the sense of loss that occurs around organizational change; and also the business and rehabilitation literature's emphasis on collaboration and teamwork.



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**Despite the lack of concrete institutional supports, MBES was allowed to operate independently and individual staff had a lot of freedom and discretion in how they did their jobs.**

Despite the obstacles of lack of space, privacy, adequate telephones, and being housed in a psychiatric in-patient facility, the placement rate and numbet of job placements made in the initial 12 months of the program were better than many existing programs in the area that serve this population, often with considerably more resources. Besides the development of a good work group, management took steps to keep MBES staff free from the day to day functioning of the workshop and the day program as well as the politics of the agency. The experiences of MBES give further credence to much in both the general business and rehabilitation literature, which often cites an emphasis on staff autonomy and empowerment as important elements of the change process.

**Once a decision was made, the actual closing of the workshop could have been accomplished in a much shorter time frame.**

Once a decision is made for conversion, it should not be dragged out, and the experiences of MBES confirm this. Much of the planning and program development that occurred in the year before the move could have either been done in three to four months prior to the move, or could have been done more successfully and quickly after the move. Dragging out the move only served to lengthen the period of uncertainty for staff.

**Leadership should include a strong philosophical base with clear values guiding actions, and should be willing to act and take risks.**

Having a new director come in who had a strong belief in supported employment was essential since this was not a strength of current staff. The value of strong leadership supports and the willingness to take risks by entering uncharted program territory mirrors consistent findings in the business and rehabilitation literature.

**Attitudes and beliefs are shaped by experience. Success builds the confidence and support of staff, consumers and administration. Many people need to test the efficacy of old beliefs before they can adopt a new belief system.**

The only effective way to communicate a value is to act in accordance with it. Specifically, as consumers become employed, more people believe in the process. At MBES, the work done prior to the move to recruit referrals and lay the groundwork for the program helped enable the program to get off to some early successes. What was equally important was keeping everything simple - no formal assessments or complicated placement criteria to be met, and a minimum of paperwork.

**Staff, families and funding agencies have a harder time adjusting to changes than individuals served. Consumers are stronger and more adaptable than we give them credit for being.**

At MBES, only one consumer had major difficulties during the change, and that probably had more to do with the natural course of the person's illness than the move. The major concern of most consumers of MBES was around transportation since they relied on CAP for this function. Within a few months, all consumers were able to take public transportation or rapid response vans operated by the transportation authority to the workshop. At MBES, much time, discussion and anxiety went into the decision of when to tell consumers about the changes. In hindsight, it seems not to have mattered. Often, staff, families and funding agencies state concerns about consumers' capacity to adapt to different situations that arise in the change process; but MBES's experience points out that this fear may underestimate the coping skills of people with even severe disabilities. Either consumers are much more stable than professionals think, or our services and supports are less critical to the well being of consumers (or both).



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**During major organizational change, an agency should expect, and perhaps welcome personnel turnover.**

New values, services and structures may require different skills and demands on staff. Despite strong efforts to retain and retrain existing staff, MBES experienced significant staff turnover during the change process. However, as MBES was better able to focus on what and how it wanted to accomplish its goals, it was better able to hire and keep staff who concurred with this vision.

**Major organizational change cannot be successful without continued internal and external marketing to develop support for the changes. Organizational change cannot wait until all parties are in agreement, or change will never occur.**

The experience of MBES reinforces the views of both the business and rehabilitation literature based on the need for ongoing dialogue and input by those affected by the change process and a coordinated, systematic approach, involving both internal and external stakeholders. MBES took an extreme approach, and the decision was made to close the CAP program and replace it with MBES by the agency administration and funding agency, without input from staff or discussion with CAP clients. Initial staff inclusion might have decreased the animosity that staff still feel regarding the agency and how the change was handled. On the other hand, social change cannot always wait for consensus. There should be a process for seeking input and opinions before changes are made, and then addressing concerns as best as possible before, during and after the changes occur.

**The use of teams is an important element of organizational change, and the camaraderie and support of the work group is an important element not only in making the change but also in job retention and performance.**

At MBES, though staff had animosity toward the agency around issues regarding their role in the move, working conditions and salaries, they felt a great sense of loyalty and belonging to MBES. This emphasis on staff relationships is in line with many authors' emphases on the importance of relationships for a successful change effort, as well as the use of teams and teamwork.

**Economic pressure is a key catalyst for organizational change.**

Economic factors are often key catalysts for programmatic change. The pressure provided by funding agencies and the potential loss of contract dollars were major catalysts in the decision to transform the organizations to community employment. Nevertheless, this external pressure is not by itself enough for a successful change process, and it must be combined with eventual internal recognition of the need to change.

**To truly change the focus of an organization to community employment requires an action orientation, with substantial restructuring, and changes in procedures, staff responsibilities, reward systems, and the physical environment.**

For organizational change to be effective, the organization must do things in radically different ways, with staff in new roles and relationships and with new ways of doing business. With MBES, the ultimate success of the change was dependent on major shifts in the way the organization did business, and in how it operated on a day-to-day basis.


**Case Study Developed By:**

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